		PART B	- FEE(S)	TRAN	NSMITTAL		/
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INSTRUCTIONS: This of	m should be used for tran	smitting the ISSU				ired). Blocks I through 5 s	hould be completed where
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2/28/2005 EAREGAY2 00000013 500498 10711105						e Harsen	(Depositor's name)
1 FC:2501 700.00 DA					\$000	Neer)	(Signature)
					12/23/0	05	(Date)
APPLICATION NO.	FILING DATE	FILING DATE FIRST NAMED INV			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/711,105	08/24/2004 Tony CZLC			LONKA	· · · · · · · · · · · · · · · · · · ·	6257-04-04	5104
FITLE OF INVENTION: S	USPENDED LIGHT FIXTU	JRE SERVICING S	SYSTEM				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700			\$0	\$700	03/07/2006
EXAMINER		ART UNIT		CL	ASS-SUBCLASS		
SEMBER, THOMAS M			2875		362-407000		
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
Number is required. Section Sec							
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government							
a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
·					mount of the fee(s) is enclosed.		
				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500498 (enclose an extra copy of this form).			
	(from status indicated above)					
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
he Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.							

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42,072 Typed or printed name _ Registration No.

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